FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 22 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 692037 (5)

1. Corporation Name
GREIDER REALTY COMPANY

Principal Place of Business	Mailing Address
2381 OLEANDER PO BOX 10 ST. JAMES CITY FL 33956	2381 OLEANDER PO BOX 10 ST. JAMES CITY FL 33956

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1981
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2106141 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

MYERS, JERRY E
2381 OLEANDER ST
ST. JAMES CITY FL 33956

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1 1 TITLE	☐ Change ☐ Addition
NAME	MYERS, JERRY E.	1 2 NAME	
STREET ADDRESS	2381 OLEANDER ST.	1 3 STREET ADDRESS	
CITY-ST-ZIP	ST. JAMES CITY FL	1 4 CITY ST ZIP	
TITLE	Secr	2 1 TITLE	Secretary ☒ Change ☐ Addition
NAME		2 2 NAME	Charlene taylor
STREET ADDRESS		2 3 STREET ADDRESS	2381 Oleander St
CITY ST ZIP		2 4 CITY ST ZIP	St. James City, fl 33956
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	3/24

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.E. Myers 3/15/95 813/283-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

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DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 693165

1. Corporation Name: Char-Lee Educational Daycare Center, Inc.

Principal Place of Business: 1605 N. 20 Ave. Hollywood, Fl. 33020

Mailing Address: SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	SAME
Suite, Apt. #, etc. (22)	
City & State (23)	
Zip (24) / Country (25)	
2a. Mailing Address (26)	SAME
Suite, Apt. #, etc. (27)	
City & State (28)	
Zip (29) / Country (30)	

3. Date Incorporated or Qualified: 1981
3a. Date of Last Report: 1994
4. FEI Number: 59-2111645 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: MAYRIM HERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 1605 N. 20 Ave
83 Hollywood
84 City — FL 85 Zip Code 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) — 2-10-95 DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ESTHER ZWERDLING
STREET ADDRESS	1605 N. 20 Ave.
CITY ST ZIP	Hollywood, Fl. 33020
TITLE	S
NAME	JOAN STOLLER
STREET ADDRESS	1605 N. 20 Ave.
CITY ST ZIP	Hollywood, Fl. 33020
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT DIRECTOR	☑ Change ☐ Addition
12 NAME	MAIRIM HERNANDEZ	
13 STREET ADDRESS	1605 N. 20 Avenue	
14 CITY ST ZIP	Hollywood, Fl. 33020	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

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****200.00 ****200.00

3/20/98 4118

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2-10-95 Date — 305-325-0700 Daytime Phone #